

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Amadeo		OFFICE USE ONLY
	NICKNAME LAST SUFFIX Ortiz		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1443 W. Elsmere San Antonio, TX 78201		Date Received
			Date Hand-delivered or Date Received
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Belinda		Receipt # Amount
	NICKNAME LAST SUFFIX Dovalina		Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9311 Moonlit Glade Helotes, TX 78023		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 254-3436		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2009 06/30/2009		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Bexar County Sheriff		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Ortiz, Arnadeo (Mr.)**15 ACCOUNT #** (Ethics Commission filers)
00000001**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18,395.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

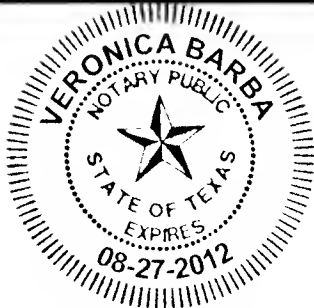
\$ 15,393.24

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 11,306.31

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arnadeo Ortiz, this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/12 Report: 3/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filars)
00000001

4 Date

04/15/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Acevedo, Joseph (Mr.)

6 Contributor address; City; State; Zip Code
1901 Buena Vista
San Antonio, TX 78207

7 Amount of
contribution (\$)

\$125.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alvidrez, Mark (Mr.)

Contributor address; City; State; Zip Code
4700 Capital of Texas Hwy #224
Austin, TX 78746

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☒ out-of-state PAC (ID# C00157677)
Aramark Political Action Committee

Contributor address; City; State; Zip Code
1101 Market Street, 31th Floor
Philadelphia, PA 19107

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bennett, Ronald (Mr.)

Contributor address; City; State; Zip Code
23450 Canyon Bridge
San Antonio, TX 78258

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bexar County Bail Bond Association

Contributor address; City; State; Zip Code
4007 South Presa
San Antonio, TX 78223

Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/12 Report: 4/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

05/28/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Brunner, Daniel (Mr.)6 Contributor address; City; State; Zip Code
5822 Spring Valley
San Antonio, TX 782477 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Casillas, Dennis (Mr.)Contributor address; City; State; Zip Code
8634 Quail Whisper
San Antonio, TX 78250Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Casillas, Dennis (Mr.)Contributor address; City; State; Zip Code
8834 Quail Whisper
San Antonio, TX 78250Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cevallos, Ruben (Mr.)Contributor address; City; State; Zip Code
2367 Estate Gate
San Antonio, TX 78260Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cisneros, Robert (Mr.)Contributor address; City; State; Zip Code
424 Paradise Point
Boerne, TX 78006Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/12 Report: 5/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

05/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dovalina, Roger

6 Contributor address; City; State; Zip Code
9311 Moonlit Glade
Helotes, TX 78023

7 Amount of
contribution (\$)

\$125.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fernandez, Raul (Mr.)

Contributor address; City; State; Zip Code
P O Box 83083
San Antonio, TX 78283

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gabehart, Daniel (Mr.)

Contributor address; City; State; Zip Code
306 Bloomfield Drive
San Antonio, TX 78228-2907

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gholson, William (Mr.)

Contributor address; City; State; Zip Code
8181 Tezel Road
San Antonio, TX 78250

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gibbs, Ted (Mr.)

Contributor address; City; State; Zip Code
25003 Lost Arrow
San Antonio, TX 78258

Amount of
contribution (\$)

\$55.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/12 Report: 6/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gibbs, Ted (Mr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/28/2009

6 Contributor address; City; State; Zip Code
25003 Lost Arrow
San Antonio, TX 78258

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Guerra, Lily (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/27/2009

Contributor address; City; State; Zip Code
5107 Queen Bless Ct
San Antonio, TX 78228-2025

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Guerra, Lily (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/28/2009

Contributor address; City; State; Zip Code
5107 Queen Bless Ct
San Antonio, TX 78228-2025

\$705.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hammock, Kyle (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/28/2009

Contributor address; City; State; Zip Code
9023 Eagle Bend
Helotes, TX 78023

\$125.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Holmes, Priest (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/28/2009

Contributor address; City; State; Zip Code
5804 Babcock Road #100
San Antonio, TX 78240

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/12 Report: 7/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 05/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hominick, Jerry (Mr.) 6 Contributor address; City; State; Zip Code 19455 Nottingham Lane Helotes, TX 78023	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janssen, Joel (Mr.) Contributor address; City; State; Zip Code 5139 Stormy Skies San Antonio, TX 78247	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Don (Mr.) Contributor address; City; State; Zip Code 25665 Boerne Stage Road San Antonio, TX 78255-9535	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan, Debra (Mrs.) Contributor address; City; State; Zip Code 171 Red Oak Court Seguin, TX 78155	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan, Debra (Mrs.) Contributor address; City; State; Zip Code 171 Red Oak Court Seguin, TX 78155	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/12 Report: 8/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

05/28/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jordan, Debra (Mrs.)

6 Contributor address; City; State; Zip Code
171 Red Oak Court
Seguin, TX 78155

7 Amount of
contribution (\$) \$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Laudadio, Tim (Mr.)

04/15/2009

Contributor address; City; State; Zip Code
7 Royal Cove
San Antonio, TX 78248

Amount of
contribution (\$) \$375.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Longoria, Manuel (Mr.)

05/27/2009

Contributor address; City; State; Zip Code
31035 Retama Ridge
Bulverde, TX 78163

Amount of
contribution (\$) \$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Longoria, Manuel (Mr.)

05/28/2009

Contributor address; City; State; Zip Code
31035 Retame Rldge
Bulverde, TX 78163

Amount of
contribution (\$) \$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lorenz, Dianna (Ms.)

05/28/2009

Contributor address; City; State; Zip Code
318 Stimmet Street
San Antonio, TX 78227

Amount of
contribution (\$) \$245.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/12 Report: 9/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lott, Robert (Mr.) 6 Contributor address; City; State; Zip Code 5045 Ayrshire Drive San Antonio, TX 78217	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lott, Robert (Mr.) Contributor address; City; State; Zip Code 5045 Ayrshire Drive San Antonio, TX 78217	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medley, Christopher (Mr.) Contributor address; City; State; Zip Code 2418 Thrasher Oak San Antonio, TX 78258	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meshew, Jeanet (Ms.) Contributor address; City; State; Zip Code 314 Goldan Bear Drive Cibolo, TX 78108-4328	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minarich, Madonna (Mrs.) Contributor address; City; State; Zip Code 12123 Orchid Blossom Drive San Antonio, TX 78247	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/12 Report: 10/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mochel, William (Mr.) 6 Contributor address; City; State; Zip Code 3300 Nacogdoches R. Ste 100 San Antonio, TX 78217	7 Amount of contribution (\$) \$125.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monsalvo, Rudolph (Mr.) Contributor address; City; State; Zip Code 134 Park Hill Drive San Antonio, TX 78212-2573	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montalvo, David (Mr.) Contributor address; City; State; Zip Code 387 Meredith Apt No. 2 San Antonio, TX 78228	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Epigmenia (Ms.) Contributor address; City; State; Zip Code 802 King Avenue San Antonio, TX 78211	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Otero, R Contributor address; City; State; Zip Code 3218 Thousand Oaks Drive San Antonio, TX 78247	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/12 Report: 11/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

05/28/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Paniagua, Robert (Mr.)

6 Contributor address; City; State; Zip Code
1182 Buckhorn Trail
Pipe Creek, TX 78063

7 Amount of
contribution (\$)

\$125.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robison, Kevin (Mr.)

Contributor address; City; State; Zip Code
15306 Elm Park Street
San Antonio, TX 78247

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Manuel (Mr.)

Contributor address; City; State; Zip Code
2515 W. Commerce
San Antonio, TX 78207

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Simon (Mr.)

Contributor address; City; State; Zip Code
5003 Peebles
Houston, TX 77084

Amount of
contribution (\$)

\$275.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Simon (Mr.)

Contributor address; City; State; Zip Code
5003 Peebles
Houston, TX 77084

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/12 Report: 12/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

05/28/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Salinas, David (Mr.)6 Contributor address; City; State; Zip Code
15302 Judson Road
Apt 1328
San Antonio, TX 782477 Amount of
contribution (\$) \$125.008 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Salinas, David (Mr.)Contributor address; City; State; Zip Code
15302 Judson Road
Apt 1328
San Antonio, TX 78247Amount of
contribution (\$) \$80.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Simpson, J (Mr.)Contributor address; City; State; Zip Code
18854 Calle Sierra
San Antonio, TX 78258Amount of
contribution (\$) \$375.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Skillman, Patrick (Mr.)Contributor address; City; State; Zip Code
8026 Devonshire
Spring Branch, TX 78070Amount of
contribution (\$) \$125.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tafolla, Rolando (Mr.)Contributor address; City; State; Zip Code
4226 Haven View
San Antonio, TX 78228Amount of
contribution (\$) \$125.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/12 Report: 13/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 05/28/2009	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00382150) The GEO Group, Inc Political Action Committee 6 Contributor address; City; State; Zip Code One Park Place, Suite 700 621 Northwest 53th Street Boca Raton, FL 33487	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tomlin, W Contributor address; City; State; Zip Code P O Box 291023 San Antonio, TX 78229-1623	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ublacker, Robert (Mr.) Contributor address; City; State; Zip Code 9235 Lisa Enrico Helotes, TX 78023	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wells, Richard (Mr.) Contributor address; City; State; Zip Code 9515 FM 1863 San Antonio, TX 78266	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Ted (Mr.) Contributor address; City; State; Zip Code 15244 Antier Creek Drive San Antonio, TX 78248	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/12 Report: 14/24

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

05/28/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Workman, Felicia (Ms.)**6** Contributor address; City; State; Zip Code
2955 County Road #126
Floresville, TX 78114**7** Amount of
contribution (\$)

\$125.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/9 Report: 15/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/01/2009	5 Payee name A T & T 6 Payee address; City; State; Zip Code P O Box 5001 Carol Stream, IL 60197-5001	7 Amount (\$) \$107.53
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8 Purpose of payment (See instructions regarding type of information required.)
Telephone & Internet Services**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 01/14/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 5001 Carol Stream, IL 60197	Amount (\$) \$261.01
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Purpose of payment (See instructions regarding type of information required.)
Telephone & Internet Services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/08/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 5001 Carol Stream, IL 60197	Amount (\$) \$93.67
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Purpose of payment (See instructions regarding type of information required.)
Telephone & Internet Services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 01/01/2009	Payee name Absolute Rental Payee address; City; State; Zip Code 17300 Caribou, #1 San Antonio, TX 78538	Amount (\$) \$171.38
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Purpose of payment (See instructions regarding type of information required.)
Rental of Chairs & Tables - Swearing In Ceremony** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/9 Report: 16/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/21/2009	5 Payee name Bexar County Democratic Party 6 Payee address; City; State; Zip Code 3010 North St. Mary's San Antonio, TX 78212	7 Amount (\$) \$150.00
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8 Purpose of payment (See instructions regarding type of information required.)
Political Contribution**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 03/21/2009	Payee name Casa Rio Mexican Foods Payee address; City; State; Zip Code 430 East Commerce San Antonio, TX 78205	Amount (\$) \$325.57
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
F & B**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 06/16/2009	Payee name Gary Hobbs, Hobbs Management Payee address; City; State; Zip Code 1360 Main Street Eagle Pass, TX 78852	Amount (\$) \$3,300.00
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Purpose of payment (See instructions regarding type of information required.)
Performance Contract for Christmas Party on 12/04/09**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/09/2009	Payee name GoDaddy.Com Domain Housing Services Payee address; City; State; Zip Code 14455 N. Hayden Road #219 Scottsdale, AR 85260	Amount (\$) \$66.56
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Purpose of payment (See instructions regarding type of information required.)
Website Domain Renewal/Expenditure**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/9 Report: 17/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Data**5** Payee name

Hispanic American Police Command Officers Association

7Amount
(\$)

01/05/2009

6 Payee address; City; State; Zip CodeP O Box 831544
San Antonio, TX 78283

\$20.00

8 Purpose of payment (See instructions regarding type of information required.)

F & B/4 Tickets Plate Sale

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Data

Payee name

Jim's Cafe

Amount
(\$)

02/20/2009

Payee address; City; State; Zip Code

351 Hildebrand
San Antonio, TX 78212

\$31.04

Purpose of payment (See instructions regarding type of information required.)

F & B/Golf Team Meeting

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Data

Payee name

Kingdom Cotton of Texas & Bud's Embroidery Outlet

Amount
(\$)

03/04/2009

Payee address; City; State; Zip Code

211 Springwood Lane
San Antonio, TX 78216

\$3,054.53

Purpose of payment (See instructions regarding type of information required.)

T-Shirts for Golf Tournament

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Data

Payee name

Layman, Jason (Mr.)

Amount
(\$)

05/13/2009

Payee address; City; State; Zip Code

246 Continental
San Antonio, TX 78228

\$700.00

Purpose of payment (See instructions regarding type of information required.)

Website & Freelance Graphics/Contract for 1 Year

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/9 Report: 18/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

05/13/2009

5 Payee name

Luciano Restaurant

7Amount
(\$)

\$552.04

6 Payee address; City; State; Zip CodeNorth Star Mall
San Antonio, TX 78216**8** Purpose of payment (See instructions regarding type of information required.)

Volunteer Appreciation Dinner/Golf Tournament

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/14/2009

Payee name

Mi Tierra Cafe

Amount
(\$)

\$43.01

Payee address; City; State; Zip Code

218 Produce Row
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

F & B

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/19/2009

Payee name

Norma's Place

Amount
(\$)

\$24.26

Payee address; City; State; Zip Code

4219 Fredericksburg Road
San Antonio, TX 78201

Purpose of payment (See instructions regarding type of information required.)

F & B - Meeting for Golf Tournament

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/01/2009

Payee name

Northwest Democrats

Amount
(\$)

\$250.00

Payee address; City; State; Zip Code

P O Box 681911
San Antonio, TX 78268

Purpose of payment (See instructions regarding type of information required.)

F & B - Donation for Super Bowl Party

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/9 Report: 19/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Data**5** Payee name
Observer Newspaper Group**7** Amount
(\$)

01/16/2009

6 Payee address; City; State; Zip Code
P O Box 200226
San Antonio, TX 78220

\$525.00

8 Purpose of payment (See instructions regarding type of information required.)

Newspaper Advertising

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Data

Payee name
Office DepotAmount
(\$)

01/28/2009

Payee address; City; State; Zip Code
3713 Colony Drive
San Antonio, TX 78230

\$61.60

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Data

Payee name
Office MaxAmount
(\$)

02/23/2009

Payee address; City; State; Zip Code
8266 Agora Pwy
Selma, TX 78154

\$75.98

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Data

Payee name
Paesanos RistoranteAmount
(\$)

03/09/2009

Payee address; City; State; Zip Code
555 East Basse, Suite 100
San Antonio, TX 78209

\$84.25

Purpose of payment (See instructions regarding type of information required.)

F & B/Meeting w/Council Candidate (Elisa Chan & Dave Corbitt)

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/9 Report: 20/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name
Panchitos**7** Amount
(\$)

02/17/2009

6 Payee address; City; State; Zip Code4118 Jones Maltsberger
San Antonio, TN 78209

\$104.32

8 Purpose of payment (See instructions regarding type of information required.)

F & B/Meeting with all Constables

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Paul Elizondo CampaignAmount
(\$)

02/04/2009

Payee address; City; State; Zip Code

3415 West Woodlawn
San Antonio, TX 78228

\$200.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Contribution

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
San Antonio Fire Fighters Banquet HallAmount
(\$)

06/19/2009

Payee address; City; State; Zip Code

8925 West IH 10 West
San Antonio, TX 78230

\$500.00

Purpose of payment (See instructions regarding type of information required.)

Deposit on Rental of Hall for Texas Hold'em Tournament on
10/22/09**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Silverhorn Golf CourseAmount
(\$)

04/28/2009

Payee address; City; State; Zip Code

1100 West Bitters Road
San Antonio, TX 78216

\$3,842.50

Purpose of payment (See instructions regarding type of information required.)

Golf Tournament Fees

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/9 Report: 21/24

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/01/2009

5 Payee name

St. Lukes Catholic Church

7Amount
(\$)

\$40.00

6 Payee address; City; State; Zip Code4603 Manitou Drive
San Antonio, TX 78228**8** Purpose of payment (See instructions regarding type of information required.)

Donation for Providing Prayers for Swearing In Ceremony

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

02/23/2009

Payee name

Tommy Moore's Cafe

Amount
(\$)

\$18.14

Payee address; City; State; Zip Code

915 South Hackberry
San Antonio, TX 78210

Purpose of payment (See instructions regarding type of information required.)

F & B/Golf Tournament Meeting w/Victor Perez

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/02/2009

Payee name

Toudouze Market

Amount
(\$)

\$64.15

Payee address; City; State; Zip Code

800 Buena Vista
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Supplies - Forks, Spoons, Knives for Swearing In Ceremony

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

04/28/2009

Payee name

U S Hole In One

Amount
(\$)

\$400.00

Payee address; City; State; Zip Code

234 South Bryn Mawr Avenue
Bryn Mawr, PA 19010-2133

Purpose of payment (See instructions regarding type of information required.)

Reimbursed Jerome Payne for Insurance for Hole in One Coverage that he paid for w/credit card

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/9 Report: 22/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

05/20/2009**5** Payee name
U S Potal Service**6** Payee address; City; State; Zip Code
Arsenal Station
San Antonio, TX 78204-9998**7** Amount
(\$)

\$56.00**8** Purpose of payment (See instructions regarding type of information required.)
1 Year P O Box Rental(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:**Date**

01/05/2009**Payee name**
Wachovia Bank**Payee address; City; State; Zip Code**
7550 I H 10 West, #150
San Antonio, TX 78229**Amount**
(\$)

\$15.95**Purpose of payment** (See instructions regarding type of information required.)
Bank Service Fees(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:**Date**

02/03/2009**Payee name**
Wachovia Bank**Payee address; City; State; Zip Code**
7550 I H 10 West, #150
San Antonio, TX 78229**Amount**
(\$)

\$15.95**Purpose of payment** (See instructions regarding type of information required.)
Bank Service Fees(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:**Date**

03/11/2009**Payee name**
Wachovia Bank**Payee address; City; State; Zip Code**
7550 I H 10 West, #150
San Antonio, TX 78229**Amount**
(\$)

\$15.95**Purpose of payment** (See instructions regarding type of information required.)
Bank Service Fees(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/9 Report: 23/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

Wachovia Bank

7Amount
(\$)

04/03/2009

6 Payee address; City; State; Zip Code7550 I H 10 West, #150
San Antonio, TX 78229

\$15.95

8 Purpose of payment (See instructions regarding type of information required.)

Bank Service Fees

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Wachovia Bank

Amount
(\$)

05/04/2009

Payee address; City; State; Zip Code

7550 I H 10 West, #150
San Antonio, TX 78229

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Bank Service Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Wachovia Bank

Amount
(\$)

06/30/2009

Payee address; City; State; Zip Code

7550 I H 10 West, #150
San Antonio, TX 78229

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Bank Service Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

West San Antonio Chamber of Commerce

Amount
(\$)

06/22/2009

Payee address; City; State; Zip Code

314 El Paso
San Antonio, TX 78207

\$175.00

Purpose of payment (See instructions regarding type of information required.)

Membership/Professional Organization

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 24/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/26/2009

5 Payor name
Time Warner San Antonio**6** Payor address; City; State; Zip Code
P O Box 460849
San Antonio, TX 78246**7** Reason for credit
Refund from advertising on TV - Warner Cable**8** Amount
(\$)

\$1,537.10